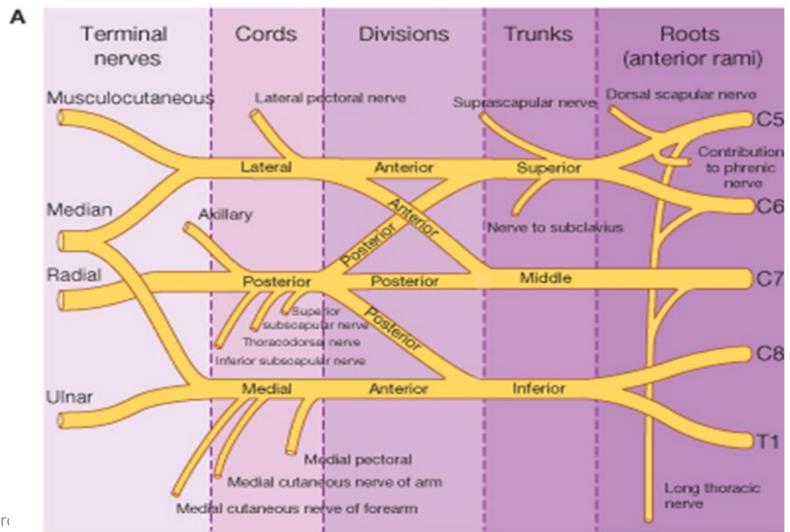


# Armed Forces College of Medicine AFCM

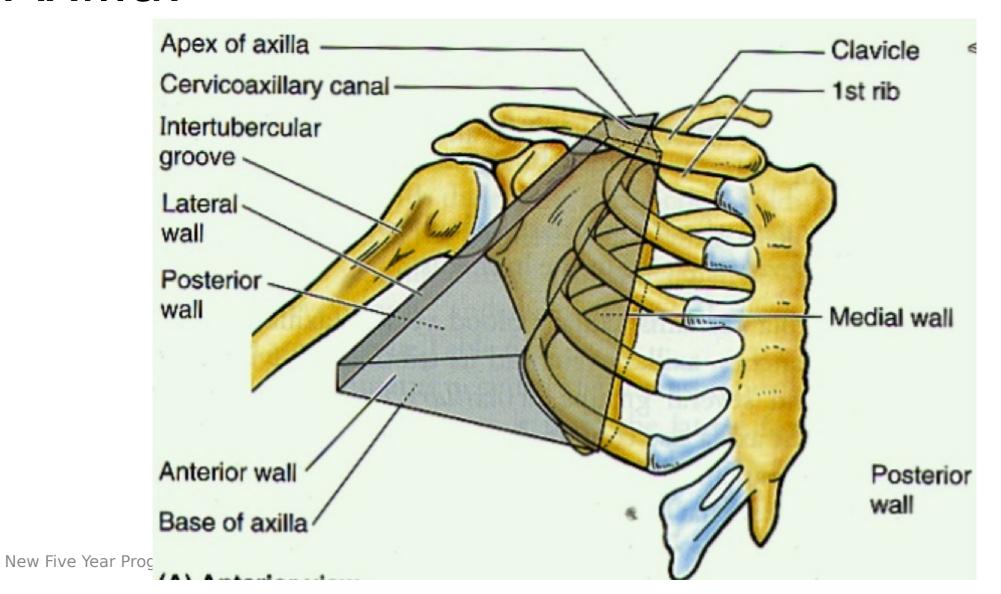


## **Anatomy Remediation Dr: Shereen Adel**

### **Brachial plexus:**

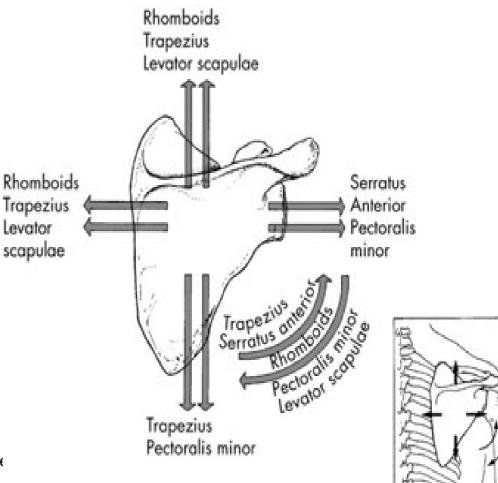


### Axilla:



# Scapular movements include

- Elevation upper fibers of trapezius & levator scapulae
- 2. Depression lower fibers of trapezius, pectoralis minor & serratus anterior
- **3.** Protraction 
  pectoralis minor & 
  serratus anterior
- 4. Retraction trapezius & rhomboids

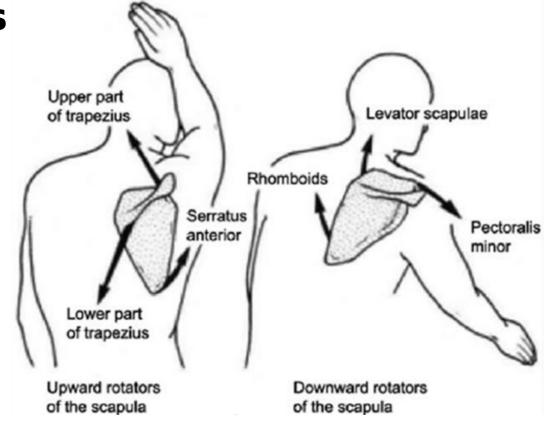


# Scapular movements include

Rotation up

 as when you raise the arm above the head by upper fibers of trapezius & lower digitations of serratus anterior

2. Rotation down gravity + levator scapulae, rhomboids



# Movements of shoulder joint

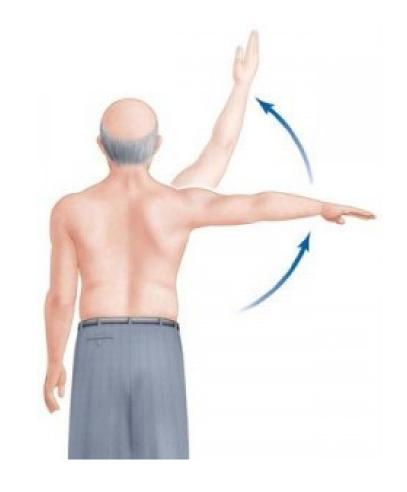
- Flexion: by muscles anterior to the joint like pectoralis major, coracobrachialis and anterior fibers of deltoid.
- Extension: by muscles posterior to the joint like latissimus dorsi, teres major and posterior fibers of deltoid.

# Abduction of the arm:

Supraspinatus [] 0° - 15°, at shoulder joint.

Deltoid (middle fibers) [ 15° - 90°, at shoulder joint.

Trapezius & lower digitations of serratus



https://lh3.googleusercontent.com/SuNWP1VprCafc89NZ

Adduction: by the two climbing muscles which are pectoralis major and latissimus dorsi.

Medial rotation: by muscles inserted into the bicipital groove which are pectoralis major, latissimus dorsi and teres major (major-lady-major).

Lateral rotation: by muscles attached to the greaterzatuberosity which are

# Movements of elbow joint

- Flexion is carried by [] biceps, brachialis & brachioradialis
- Extension is carried by □triceps & anconeus



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### **Movements of wrist joint**

| Movement  | Muscle producing it  |
|-----------|--|
| Flexion   | Flexor carpi radialis, flexor carpi ulnaris, palmaris longus, flexor digitorum superficialis, flexor digitorum profundus, flexor pollicis longus         |
| Extension | Extensor carpi radialis longus & brevis, extensor carpi ulnaris, extensor digitorum, extensor digiti minimi, extensor indicis & extensor pollicis longus |
| Adduction | Flexor carpi ulnaris & extensor carpi ulnaris  |
| Abduction | Flexor carpi radialis & extensor carpi radialis longus & brevis  |
|           |  |

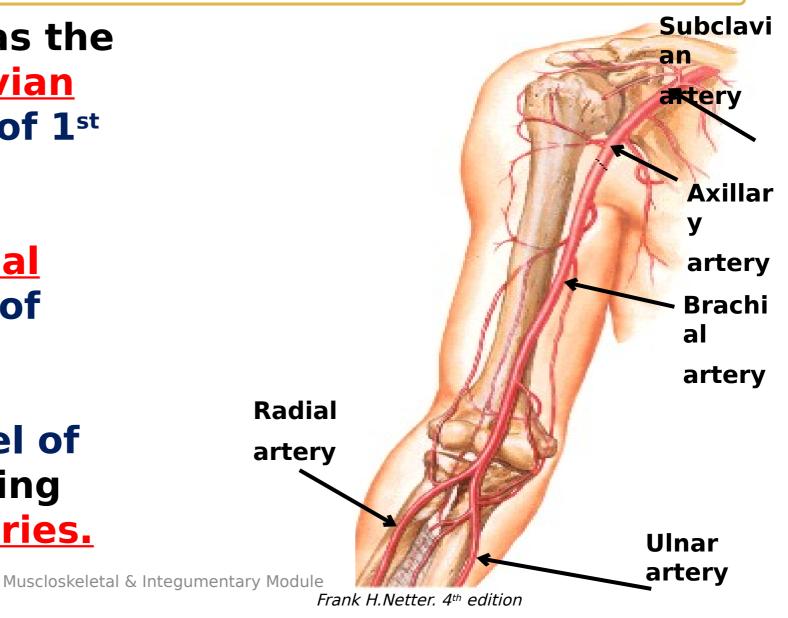
### **Vessels of the Upper Limb**



Axillary artery begins as the continuation of subclavian artery at outer border of 1st rib.

And continue as **Brachial artery** at lower border of teres major.

Which ends at the level of neck of radius by dividing into radial & ulnar arteries.



### **Axillary artery**



### **Branches of axillary artery**

1

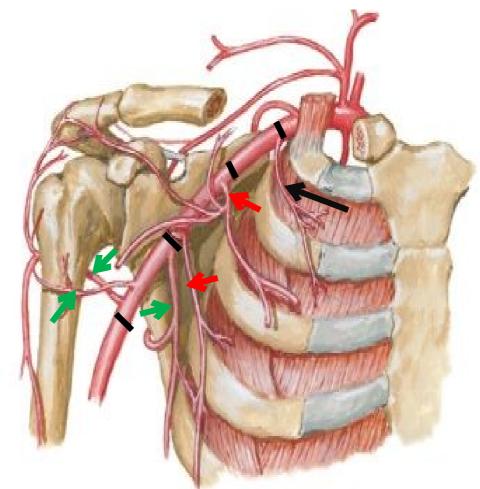
First part: (one branch) (superior thoracic artery)

Second part: (two branches)

1-Thoracoacromial artery

2 | ataral thoracic artery

Third part ( three branches)
1-Subscapular artery.
2-Ant. Circumflex A.
3-Post. Circumflex A.

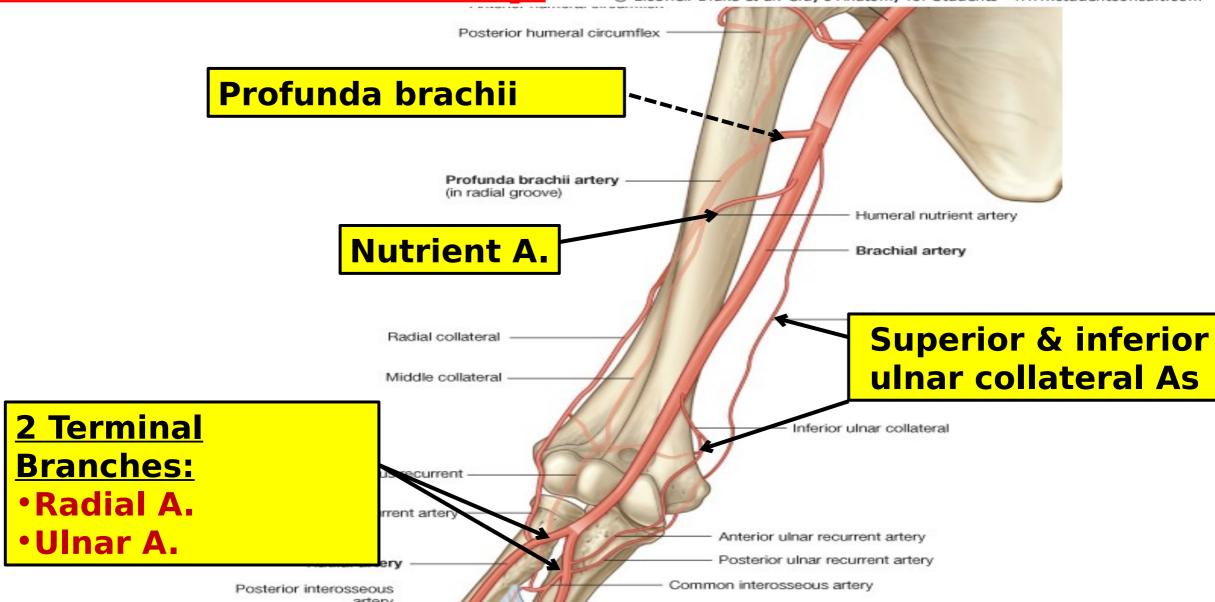


Frank H.Netter. 4th edition

### **Brachial artery**



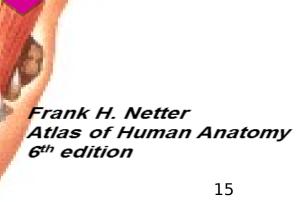
Branches of brachial artery:
© Elsevier. Drake et al: Gray's Anatomy for Students - www.studentconsult.com

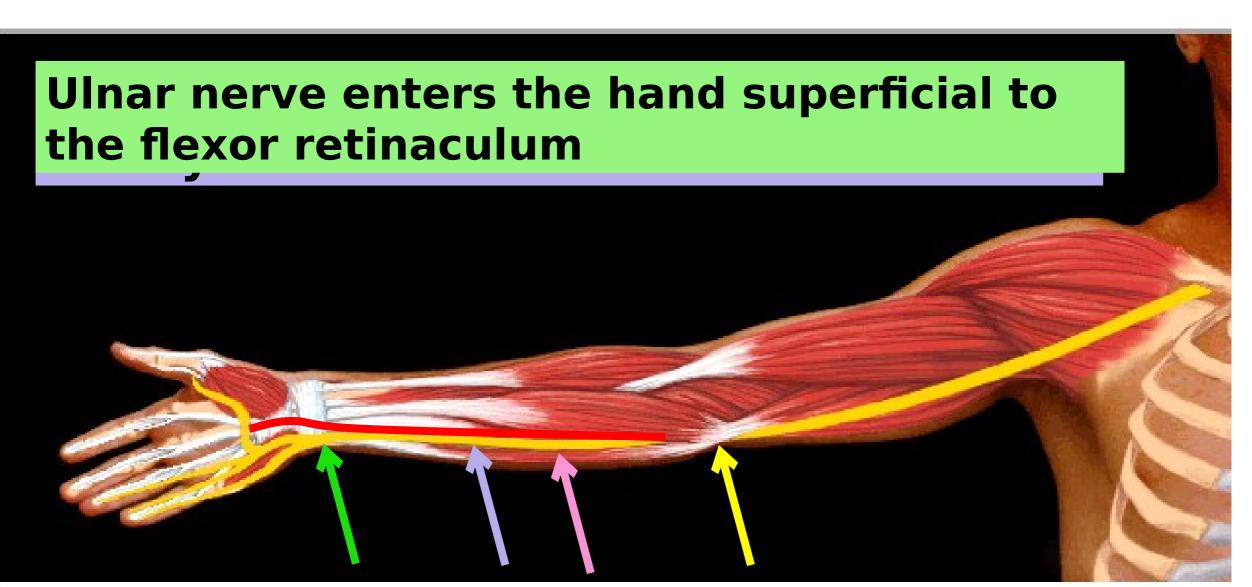


### Musculocutaneous nerve:

- ► Branch from lateral cord of brachial plexus C5,6,7
- Enters arm by piercing coracobrachialis
- Runs downwards and laterally between biceps and brachialis
- Ends lateral to biceps tendon, by becoming the lateral cutaneous nerve of the

Prof.Azza Kamal/ Musculoskeletal System

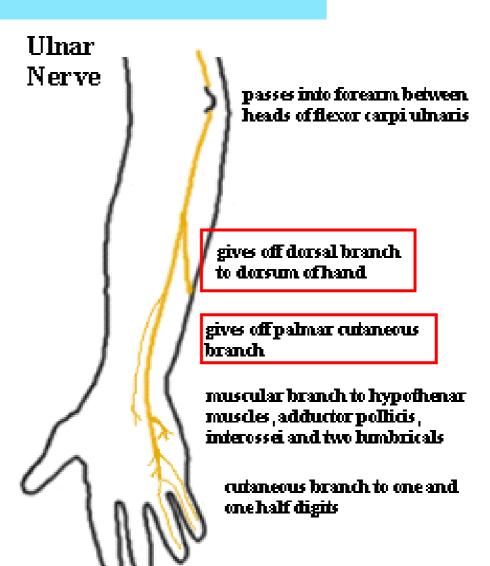






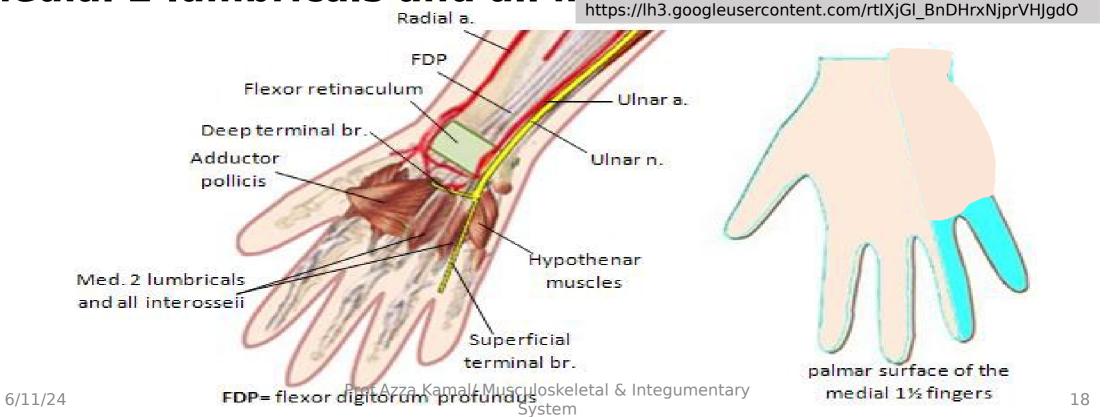
### **Branches of ulnar nerve in forearm:**

- 1. Muscular: to flexor carpi ulnaris & medial ½ of flexor digitorum profundus
- 2. Articular: to elbow joint
- 3. Cutaneous:
- Palmar for skin of medial 1/3 of palm
- Dorsal branch for skin of medial 1/3 of dorsum of hand & dorsum of medial 1 ½ fingers



### **Branches of ulnar nerve in hand:**

- 1. Superficial branch to palmaris brevis and skin of palmar aspect of medial  $1\frac{1}{2}$  fingers
- 2. Deep branch to hypothenar muscles, adductor pollicis, medial 2 lumbricals and all interessei



## LESIONS OF ULNAR NERVE

1.At wrist & elbow

## Partial claw hand (lat 2 lumbricals intact)





## <u>The Median Nerve</u> (C5,6,7,8,T1):

Origin:

Lateral root (C 5,6,7) from lateral cord of BP

Medial root (C8,T1) from medial cord of BP

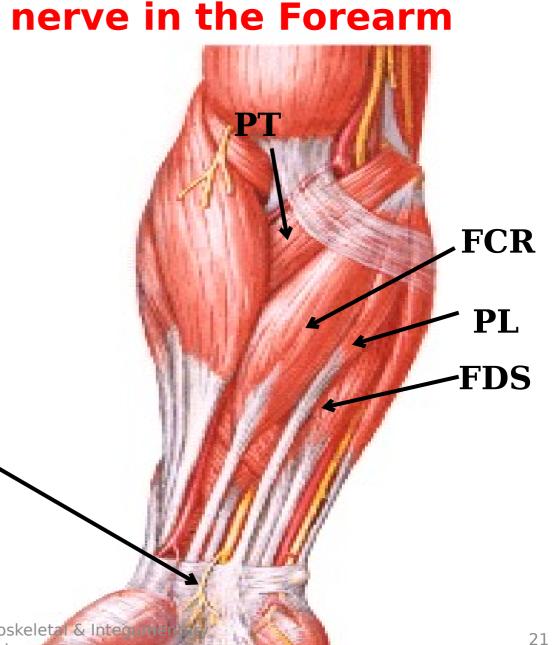
Med cord Post cord Lat cord **MEDIAN NERVE** 20

https://lh3.googleusercontent.com/ 8HSvbN2cVAaVA4R2goA2SG3o55DGG3s IWz8- Prof.Az

#### 1. Muscular

6/11/24

- pronator teres,
- flexor carpi radialis,
- palmaris longus &
- flexor digitorum superficialis
- 2. Articular to elbow and superior radioulnar joints.
- 3. Palmar cutaneous branch of median n for skin of the lateral 2/3 of the nalm (hollow of palm)



**Branches of the median** 

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6th edition rof.Azza Kamal/ Musculoskeletal & Inter

Syst

## 4. Anterior interosseous nerve supplies:

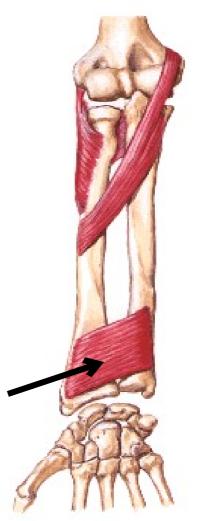
#### A- Muscular:

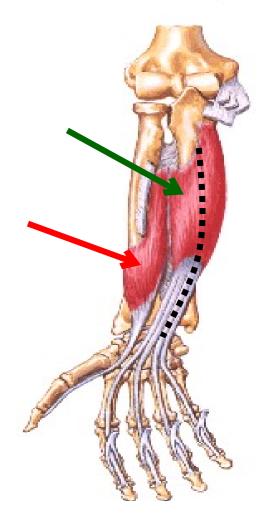
- flexor pollicis longus,
- lateral ½ of flexor digitorum profundus
- pronator quadratus

#### **B- Articular branches:**

to inferior radio-ulnar and wrist joints.

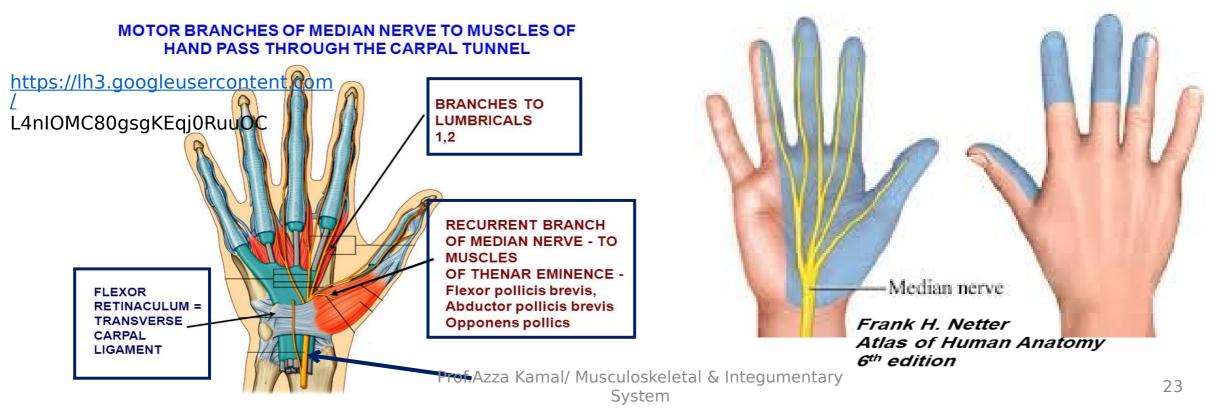
Frank H. Netter Atlas of Human Anatomy 6<sup>th</sup> edition





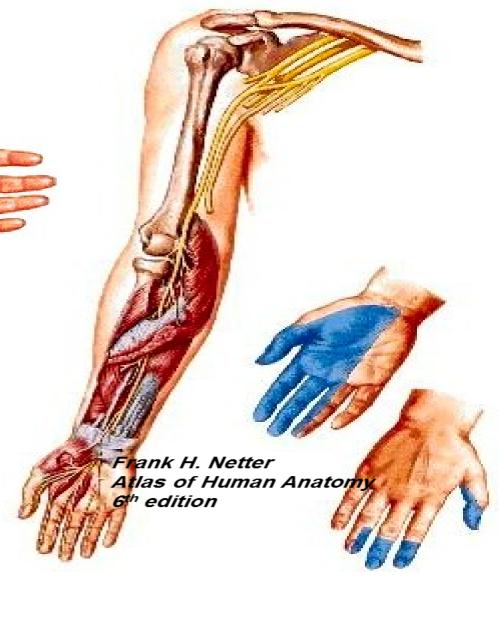
#### **Median nerve in the Palm:**

- Enters palm deep to flexor retinaculum
- Branches: LOAF (Lat 2 Lumbricals/ OP/APB/FPB)
- 1. To 3 muscles of thenar eminence + lateral 2 lumbricals
- 2. To skin of palmar aspect of lateral 3½ fingers & dorsum of terminal & middle phalanges



#### **LESIONS OF MEDIAN NERVE**

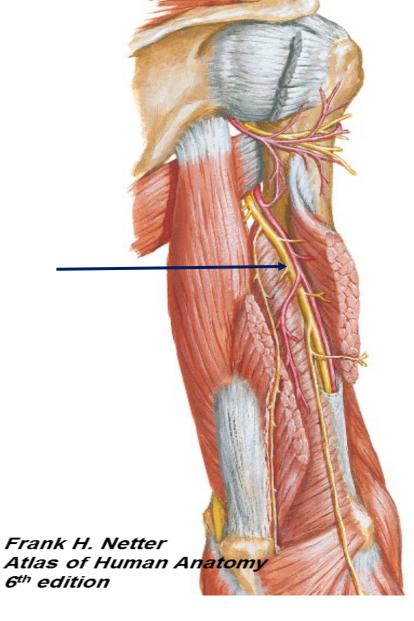
- Effects: "Ape hand"
  - Paralysis of thenars []
    - 1.Flat thenar emenince
    - 2.Lost thumb opposition
    - 3. Weak thumb abduction & flexion
  - Sensory loss in lat. 3½ fingers [palmar surface & middle & distal phalanges dorsally].



| Deformity             | Nerve Injured                           |  |
|-----------------------|---|--|
| Winging of scapula    | Long thoracic nerve                     |  |
| Flat shoulder         | Axillary nerve                          |  |
| Ape hand              | Median nerve                            |  |
| Partial claw hand     | Ulnar nerve                             |  |
| Complete claw hand    | Median and Ulnar                        |  |
| Waiter's tip position | Upper trunk of BP (Erb's Paralysis)     |  |
| Complete claw hand    | Lower trunk of BP (Klumpke's Paralysis) |  |

Let's revise the anatomy of the radial nerve

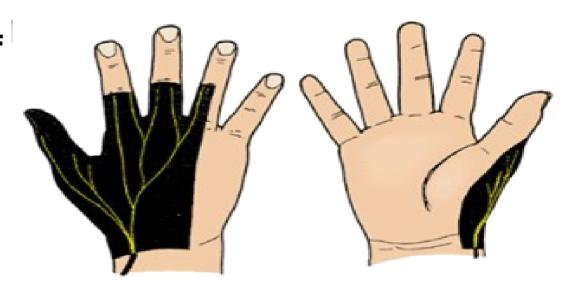
- 1. In Axilla
- 2. In lower triangular space
- 3. In spiral groove
- 4. Ends infront of lateral epicondyle of humerus by dividing into:
- a) Superficial terminal branch [] runs lateral to radial artery in forearm undercover of brachioradialis
- b) Deep terminal branch ( Posterior interosseous) [] pierces supinator and supplies extensors of foresem Except



**LESIONS OF RADIAL NERVE** 

- In axilla & spiral groove
  - Wrist drop & finger drop
- Injury of post. interosseous n
  - Effects: finger drop but no wrist drop since ECRL received its ns
- Injury of superficial terminal br of radial n
  - Effect: anesthesia over dorsum of (lat 2/3 of hand & lat. 3½ fingers)





## **Femoral Triangle**



### **Contents of Femoral**

1-Femoral Triang

artery.

2-Femoral vein,

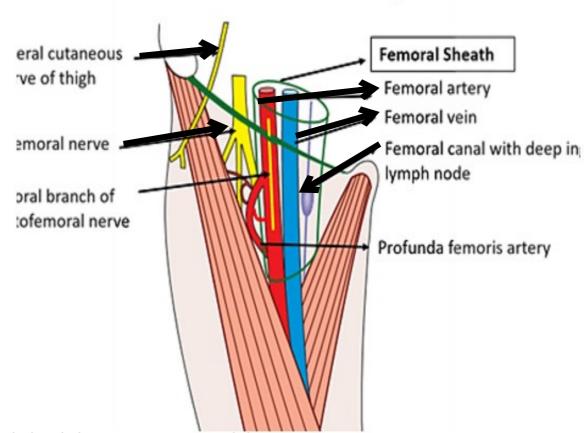
3-Femoral

sheath.

4-Femoral nerve.

6-Lateral

cutaneous nerve



**Contents of femoral Triangle** 

### **Movements of hip joint**

| Movement            | Main muscles  |
|---------------------|---|
| 1) Flexion          | Muscles which lie anterior to hip joint Psoas major & iliacus (Iliopsoas)  most important + sartorius, rectus femoris & pectineus |
| 2) Extension        | Muscle at back of hip+ Muscles at back of thigh Gluteus maximus + hamstrings  |
| 3) Abduction        | Muscles on lateral aspect of hip Gluteus medius& minimus + sartorius & tensor fasciae latae                                       |
| 4) Adduction        | Muscles on medial aspect of thigh (adductors) Adductors longus, brevis & magnus + gracilis & pectineus                            |
| 5) Medial rotation  | Anterior fibers of glutei medius & minimus + adductors  |
| 6) Lateral rotation | 6 lat rotators + gluteus maximus  |

### Movements of knee joint

- 1. Flexion hamstrings + popliteus, sartorius & gracilis
  - (with foot on the ground [] gastrocnemius & plantaris)
- 2. Extension quadriceps femoris + tensor fascialatae
- 3. Medial rotation semimembranosus + SGS
- 4. Lateral rotation | biceps femoris

# Locking and unlocking of the knee joint

 Unlocking of the knee is lateral rotation of FEMUR at the beginning of flexion [] produced by popliteus

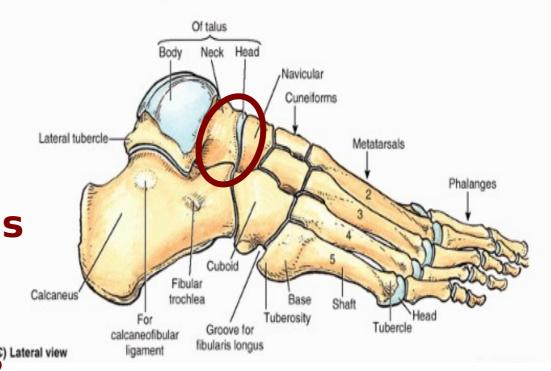
# Talocalcaneonavicular joint VERY IMPORTANT

Type: ball & socket synovial joint

• Movement:

 Inversion of foot □ by tibialis anterior & tibialis posterior

Eversion of foot []
 peroneus longus, brevis Lateral view & tertius



https://lh3.googleusercontent.com/qX5NveMHFj-i

### **Ankle Joint**

- Movements:
- 1) Dorsiflexion: done by muscles of the anterior compartment of leg (the ankle Joint is locked in dorsifexion as the wider anterior border of the trochlear surface of talus becomes lodged in the socket).
- 2) Plantar flexion: done by muscles of the posterior & lateral compartments of leg.

| Muscle                                 | Movement                                    | TO I |
|--|---|------|
| Iliopsoas                              | Powerful flexor (s)                         |      |
| Gluteus maximus                        | Powerful extensor(s                         |      |
| Sartorius                              | Flex (es) hip and knee                      |      |
| Rectus femoris                         | Flex (es) hip but extend (s) knee           |      |
| Popliteus                              | Unlock(s) knee join                         | t    |
| Glutei medius & minimus                | Prevent(s) tilting of pelvis during walking |      |
| Tibialia anterior & tibialis posterior | Invert (s) foot                             |      |

### **Nerves of lower limb**

Femoral nerve: L 2, 3 & 4

dorsal divisions

- .It is the largest branch of lumbar plexus.
- .It is main nerve supply of anterior compartment of the thigh.

- . -It leads to:
- a)Motor effect: Paralysis of quadriceps femoris muscle → Knee cannot be extended.
- b)Sensory effect: Loss of sensation on anteromedial side of the thigh and medial side of the leg & the foot.

## Superior Netry est Lower limb 5 S 1

- .It is a branch of sacral plexus.
- . supply the gluteus medius, gluteus minimus & tensor fasciae latae.

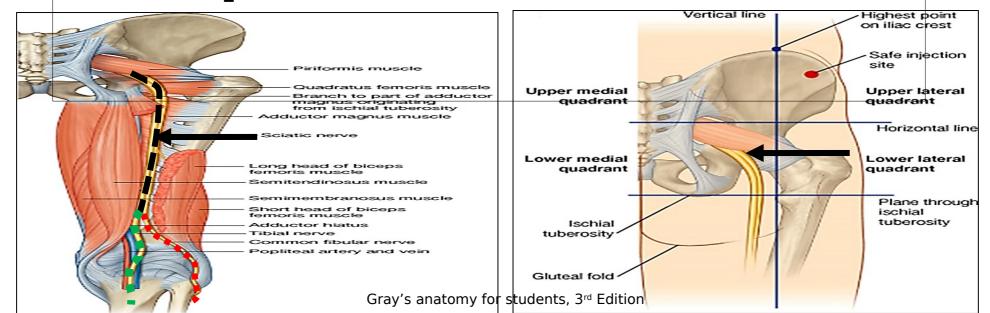
#### .Injury leads to:

- 1.Lurching gait in case of unilateral affection. The patient complains that in standing on the affected side, the pelvis will tilt towards the unsupported side (positive Trendelenburg's sign).
- 2. Waddling gait in case of bilateral affection. The patient complains that during walking the trunk is flexed from side to side with each step.

# Sciatic nerves of, lower limb

& dorsal divisions

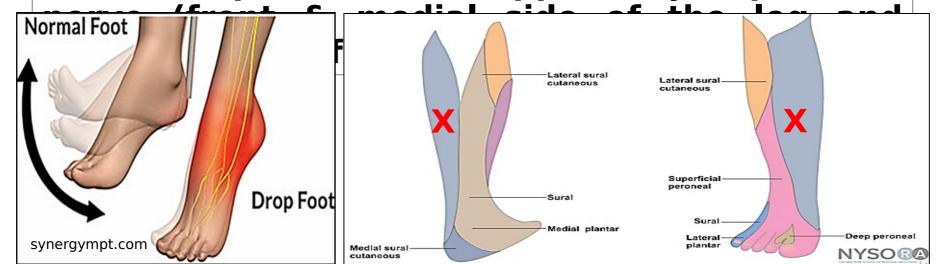
- .It is the largest branch of sacral plexus. It is the thickest nerve in the body.
- It terminates at superior angle of the popliteal fossa by dividing into 2 terminal branches:
- -Tibial N. [L 4, 5 S 1, 2 & 3 ventral divisions]
- -Common peroneal N. [L 4, 5 S 1, 2 dorsal divisions].



#### **Effect of injury of sciatic nerve:**

#### 1 Motor effect:

- -Hamstring muscles are paralyzed, but <u>weak</u> <u>flexion</u> of the knee is possible because of the action of sartorius (femoral nerve) & gracilis (obturator nerve).
- -All the muscles below the knee are paralyzed.
- .Deformity: Foot drop. Effect of gravity
- 2.Sensory loss: Sensation is lost below the knee except the area supplied by saphenous



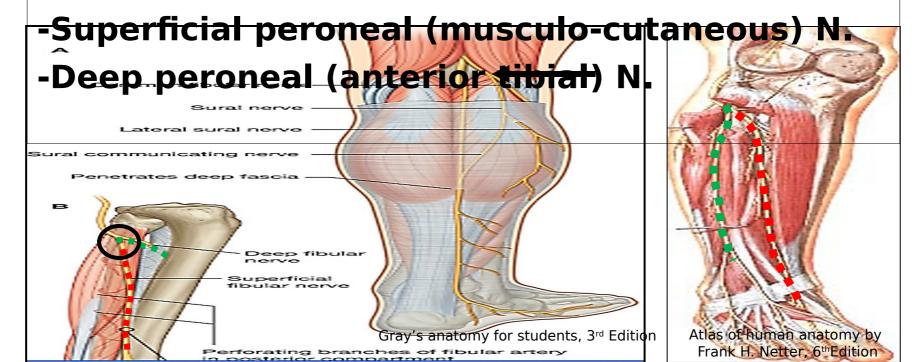
### 5]Common peroneal nerve: L 4, 5 S 1, 2

dorsal divisions

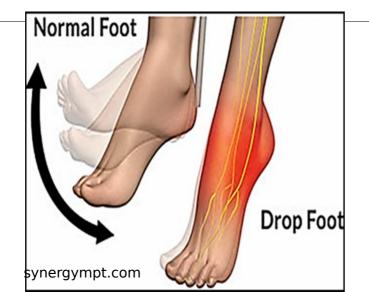
.It is the smaller of the 2 terminal branches of sciatic nerve.

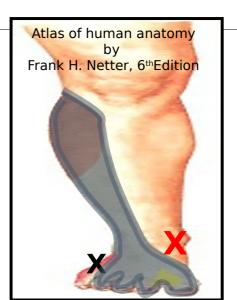
It is the nerve of lateral & anterior compartments of the leg and dorsum of the foot.

.It terminates on lateral side of the <u>neck</u> of fibula by dividing into:



- **■**Common peroneal nerve injury:
- -Motor: Muscles of anterior and lateral compartments of leg are paralyzed. (loss of dorsiflexion & evertion)
- -Sensory: Loss of sensation on the anterior & lateral sides of the leg and dorsum of the foot & toes <u>except</u> areas supplied by sural & saphenous nerves.





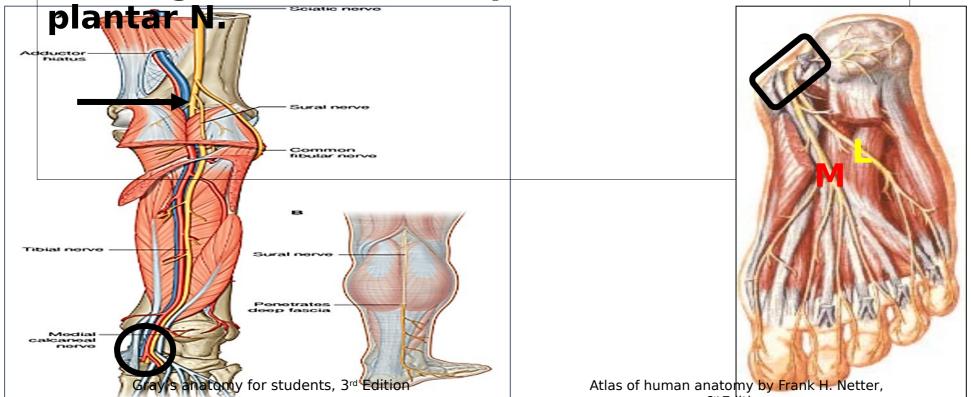
#### 6]Tibial nerve: L 4, 5 S 1, 2 & 3

ventral divisions

.It is the larger of the 2 terminal branches of sciatic nerve.

.It is the nerve of posterior compartment of the leg and sole of the foot.

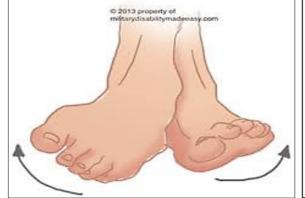
It passes deep to the flexor retinaculum by dividing into: Medial plantar N. & lateral

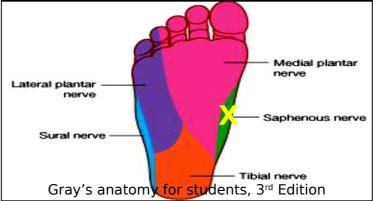


#### **■Tibial nerve injury:**

-Motor: All muscles in the back of the leg & sole of the foot are paralyzed, resulting in loss of plantar flexion of foot

-Sensory: Loss of sensation on the sole of the foot. Later, trophic ulcers develop. <u>Except</u> area supplied by saphenous N.





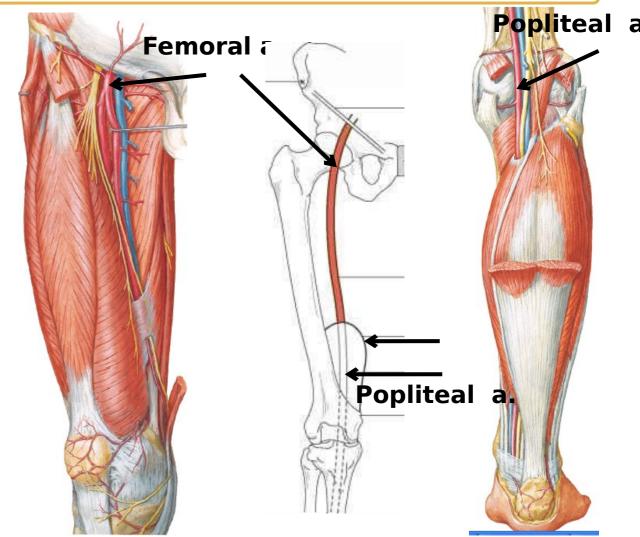


<u>emoral artery</u>

**Begins** as direct continuation of the external iliac artery.

**Ends** as popliteal artery in the popliteal fossa.

Popliteal artery ends in the popliteal fossa by Dividing into anterior & posterior tibial arteries to supply the leg & foot.



Frank H.Netter. 4th edition

Frank H.Netter. 4th edition



nches of the femoral artery: Drake et al: Gray's Anatomy for Students - www.studentconsult.com erficial branches

<u> branches:</u>

ofunda Femoris

edial & lateral circumflex femoral arteries

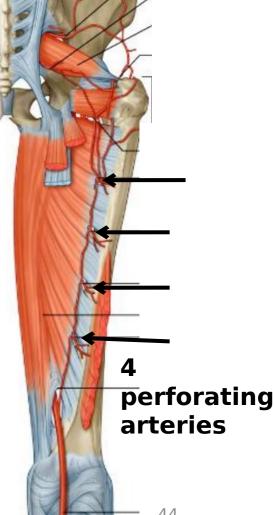
our perforating arteries.

escending genicular (knee joint)

lateral circumflex\ **femoral** 

Medial femoral





New Five Year Program

loskeletal & Integumentary Frank H. Netter. 4th edition Frank H. Netter. 4th edition



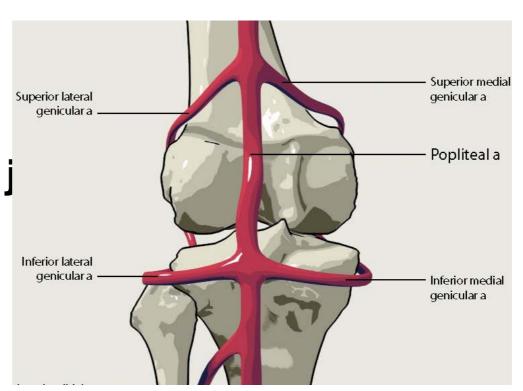
### Popliteal artery

### **Branches:**

- 1. Muscular
- 2. Cutaneous
- 3. Articular

(Genicular)

branches (5) Knee j



://www.google.com/search? q=femoral+popliteal+artery&source=lnms&tbm=isch&sa=X&ved=0ahUKEwiQ6faliqzhA hULJhoKHa5VCjEQ AUIDigB&biw=1366&bih=657#imgrc=8-9T oqVQl9p2M:

Muscloskeletal & Integumentary Module

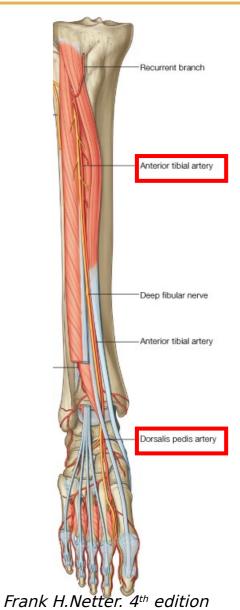


## <u>Interior tibial artery</u>

• Origin: One of the 2 terminal br. of popliteal artery

<u>Termination:</u> Continues as <u>Dorsalis</u> pedis in front of ankle.

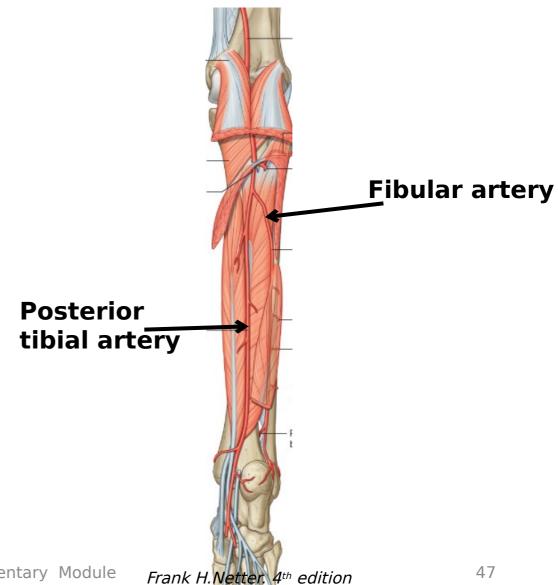
- Branches:
- 1. recurrent a. (knee)
- 2. Muscular
- 3. Malleolar a. (ankle)





# <u>osterior tibial artery</u>

- **Origin:** The larger of the 2 terminal br. Of popliteal artery
- **Termination:** by dividing into medial & lateral plantar arteries
- **Branches:**
- 1. Fibular
- 2. Circumflex fibular (Knee)
- 3. Medial Malleolar & calnanean (ankle)





### Thank You